U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2 ORDIN	
1. File Number U - 8461	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Joseph S Frick	Name Sheet Metal Workers Interntl. Assoc Local 19
	Labor Organization File Number 013-066
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1301 South Columbus Blvd.	Street 1301 South Columbus Blvd.
City Philadelphia	Clty Philadelphia
State Pennsylvania ZIP Code + 4 19147	State Pennsylvania ZIP Code + 4 19147
5. Position in labor organization.	
	sions set forth in the instructions):
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.	derived income or other economic benefit of
A. Held an interest in, engaged in transactions (including loans) with, or or	derived income or other economic benefit of
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of on represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount.

Name of Person Filing Joseph Frick	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Shifet Metal Workers Local 19 JATF Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1301 South Columbus Blvd. City Philadelphia State Pennsylvania ZIP Code + 4 19147	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Salary 2004			
Trade Name, if any:				
 Sinda-in service a qua ameno contributa di la manderazione di colora del mandera del mand				
P.O. Box, Bldg., Room No., if any				
Street Programme Control of the Cont	11.b. Approximate dollar value of such dealing. \$91,774			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4 State				
	2.b. Amount.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above)			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person	Filing	Joseph	Frick

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Sheet Metal Workers Local 19 JATF	a. Labor Organization	
Trade Name, if any:	<u> </u>	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1301 South Columbus Blvd.	c. Employer	
City Philadelphia		
State Pennsylvania ZIP Code + 4 19147		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Control Control	2004 Benefits Package	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	11.b. Approximate dollar value of such dealing.	\$43,349
	12.a. Nature of interest held or income received.	Rothburns) Scarbball and Late (2005) and Company of Service (2004) and Company of Company of Company of Company
		Appendid Administra

Name of Person Filing Joseph Frick		4	File Number U -	

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Sheet Metal Workers Local 19 JATF	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1301 South Columbus Blvd.	c. Employer	
City Philadelphia		. ~
State Pennsylvania ZIP Code + 4 19147		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name if a new process of the same in the s	2004 Regional Apprentice Contest Expense Reimbursement Lodging	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street Control Contro		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$693
	12.a. Nature of interest held or income received.	pipers principal proposo principal principal principal magnetic in proprieta esta con conception de la constituence d
	12.b. Amount.	

Name of Person Filing	Joseph	Frick
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Part B Continuation Page

	9. Business deals with:	
8. Name and address of Business (including trade name, if any).	9. Dustriess deals with.	
Name Sheet Metal Workers Local 19 JATF	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1301 South Columbus Blvd.	c. Employer	
City Philadelphia *		. *
State Pennsylvania ZIP Code + 4 19147		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Eastern Regional Conference Expense Reimbursement Lodging	
Trade Name, if any:	Looging	
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$868
	12.a. Nature of interest held or income received.	and interpretation becomes suppression to the companies of the companies o
		88000
	12.b. Amount.	

Name of Person Filing Joseph Frick	File Number U -

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Sheet Metal Workers Local 19 JATF	a. Labor Organization	
Trade Name, if any:	a cassi sigameatisii	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1301 South Columbus Blvd.	c. Employer	
City Philadelphia -		
State Pennsylvania ZIP Code + 4 19147		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name The properties of the	Residential Training 2004 Expense Reimbursement	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$250
	12.a. Nature of interest held or income received.	
	12.b. Amount.	

Name of Person Filing Jos	seph Frick	-	File Number U-

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8. Name and address of Business (including trade name, if any). Name International Training Institute for the She Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 601 North Fairfax Street, Suite 240 City Alexandria State Virginia ZIP Code + 4 22314	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	en janus siin siis siistämin 20 liinittiinittiiniteeliin ja maan on maan jootun okaan massi on siiresti sii si
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Labor College 2004 Expense Re-imbursement Travel Lodging	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$598
1	12.a. Nature of interest held or income received.	
	12.b. Amount.	

Name of	Person	Filina	Joseph	Frick
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name International Training Institute for the She Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 601 North Fairfax Street, Suite 240 City Alexandria	c. Employer	
State Virginia ZIP Code + 4 22314		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Residential Training 2004 Expense Re-imbursement Travel	
Trade Name, if any:	Lodging	
P.O. Box, Bldg., Room No., if any		
Street		
City	Construction of the Constr	no consecuta de la marcial de gapa de las processos por estados de la composição de la consecuta de la consecu
State	11.b. Approximate dollar value of such dealing.	\$1,900
	12.a. Nature of interest held or income received.	
	12 h Amount	
	12.b. Amount.	